

# Abdominal Aort Anevrizmasının Endovasküler Onarımında Sürekli Spinal Anestezi

## 26. BÖLÜM

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### OLGU

Olgu sunumunda abdominal aort anevrizması (AAA)'nın endovasküler onarımında tercih ettiğimiz sürekli spinal anestezi (SSA) deneyimimizi tartışmayı amaçlık.

Yetmiş yaşındaki erkek olgu 68 kg, 178 cm boyunda ve son 10 gündür eforla artan nefes darlığı, nefes alıp verirken karnının sol tarafından üfleme benzer ses duyma şikayetiyle kardio-vasküler cerrahi (KVC) polikliniğine başvurmuştu. Amlodis 1x5mg dışında ilaç kullanımı olmayan, hipertansiyonu (HT), 30 yıldır kronik obstrüktif akciğer hastalığı (KOA) ve 55 paket/yıl sigara kullanımı olan olguya AAA tanısı konulmuştu. Torako-abdominal bilgisayarlı tomografi (BT)'de; bilateral alt torakal kesitlerde amfizematöz değişiklikler ve yaygın multipl retikülonodüler lezyonlar izlendiği, santral kesimlerde hava bronkogramları içeren konsolide alanlara eşlik eden buzlu cam görünümü ve üst loblarda büyüğü sağda yaklaşık 2.5 cm olan subplevral büller ve parankimal çekintiler olduğu saptanmıştı. Ayrıca sağ kommon iliak arter (KİA)'de 5.1 cm'lik sakküler anevrizmatik dilatasyon ve periferinde 2 cm'ye varan mural trombüs olduğu ve tortüyoze seyrettiği, sol KİA 1 cm'lik ektazi, 4 mm'lik mural kalınlaşma ve kalsifik plaklar belirlenmişti.

Elektif şartlarda endovasküler aort rekonstrüksiyonu (EVAR) planlanan olgu anestezi polikliniğine konsülte edildi. Olgunun 25 yıl madende çalıştığı, uzun zamandır öksürdüğü ve beyaz renkli balgam çıkarttığı, geçirilmiş cerrahisi ve ilaç allerjisi olmadığı öğrenildi. Ortopnesi, bilateral ronküsü ve ralleri olan olgunun kalp atım hızı (KAH): 96 atım dk<sup>-1</sup>, kan basıncı (KB): 106/57 mmHg ve oda havasında periferik oksijen satürasyonu (SpO<sub>2</sub>): %86 idi. Diğer sistem muayene-

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